

AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
<b>TRANSCRIPT ORDER</b>					
<i>Please Read Instructions:</i>					
1. NAME <b>Alex Boota</b>		2. PHONE NUMBER <b>(202) 756-8998</b>		3. DATE <b>2/7/2022</b>	
4. DELIVERY ADDRESS OR EMAIL <b>aboota@mwe.com</b>		5. CITY <b>Washington</b>		6. STATE <b>DC</b>	7. ZIP CODE <b>20001</b>
8. CASE NUMBER <b>6:21-cv-00425</b>	9. JUDGE <b>Kernodle</b>	DATES OF PROCEEDINGS <b>10. FROM 2/4/2022</b>		<b>11. TO 2/4/2022</b>	
12. CASE NAME <b>Texas Medical Assoc. v. U.S. Dept of Health &amp; Human Se</b>		LOCATION OF PROCEEDINGS			
		13. CITY <b>Tyler</b>	14. STATE <b>TX</b>		
15. ORDER FOR					
<input type="checkbox"/> APPEAL	<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY		
<input type="checkbox"/> NON-APPEAL	<input checked="" type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> OTHER		
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)	PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Spcl)		<b>February 4, 2022</b>
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			<input type="checkbox"/> Hearing on Summary Judgments		
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS			<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	<b>0.00</b>
18. SIGNATURE <b>/s/ Alex Boota</b>				PROCESSED BY	
19. DATE <b>2/7/2022</b>				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES	<b>0.00</b>	
TRANSCRIPT RECEIVED			LESS DEPOSIT	<b>0.00</b>	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	<b>0.00</b>	